Date

Employee Name

Employee Mailing Address

Employee Telephone Number / Employee Email Address

Address to:

Honorable Name

Commissioner

Department of Education

1834 Kongens Gade

St. Thomas, VI 00802-6746

Dear Commissioner,

I hereby request Leave of Absence without Pay from my **(current position)** at **(activity center)** from **[date to date].** I am requesting [the total amount of hours needed] charged to LWOP.

I can be reached at **[physical address]** and **[preferred telephone number & email address]**.

Thank you for your favorable response in the matter.

Sincerely,

Employee Name and Job Title

Activity Center **(Office/School)**

Approved/Disapproved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervisor Name Activity Center

Approved/Disapproved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Leadership/Division Head Name

 District Superintendent

Approved/Disapproved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name

 Commissioner